

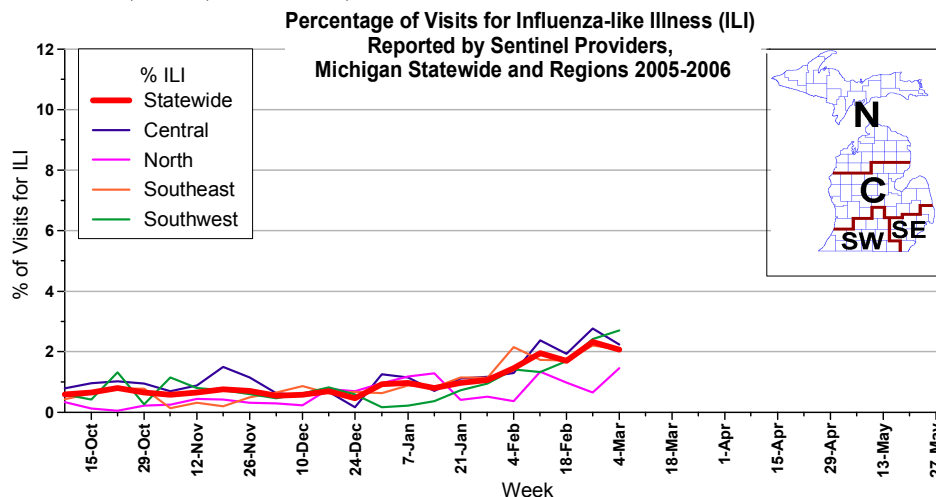
MIFluFocus March 9, 2006 Weekly Influenza Surveillance

Michigan Disease Surveillance System: Flu-like illness activity, as reported in MDSS, remains elevated but decreasing. The level reported for the most recent week is substantially less than that reported for the same week in March 2005. Note: This school-based absenteeism data may be under-reported due to winter breaks, therefore MDSS data may not represent current activity and should be interpreted with caution.

Emergency Department Surveillance While the level of constitutional emergency department visits for the most recent week seems roughly stable, that of respiratory emergency department visits may be beginning to demonstrate a slight decrease. Compared to the same week last year, the level of both indicators is decreased. Over the past week, no statewide alerts were generated for either emergency department indicator.

Over-the-Counter Product Surveillance: Sales of all flu-related over-the-counter products are somewhat mixed, although an overall picture of decreasing flu activity has begun to emerge. The most recent trends show decreases in the sales of antifever medication, chest rubs, pediatric cold relief, and electrolytes. Cough/cold medication and thermometer sales appear roughly constant and adult cold relief and nasal products appear to be increasing slightly. With the exception of chest rubs and electrolytes, all indicators are comparable, or decreased, when compared to the same period last year.

Sentinel Surveillance (as of March 9, 2006): During the week ending March 4, 2006, the proportion of visits due to influenza-like illness (ILI) remained relatively unchanged from last week at 2.1% of all visits. By region, the percentage of visits for ILI was Central, 2.2%; North 1.4%; Southeast, 2.1%; Southwest, 2.7%.



Laboratory Surveillance (March 9, 2006): MDCH lab has confirmed 93 influenza A, 86 H3N2, 7 subtype pending, and 2 B cases. Sentinel laboratories: the majority of the reporting labs have shown further increases in influenza A activity. Influenza is being reported across more age groups.

Influenza-Associated Pediatric Mortality (as of March 9, 2006; CDC data as of 3/06): To date, MDCH has investigated one influenza-associated pediatric death in Region 2S. Influenza A (H3N2) was isolated, cause is still under investigation. Since October 2, 2005, CDC has received reports of 15 influenza-associated pediatric deaths, 13 of which occurred during the current influenza season.

****Reminder:** The CDC has asked all states to continue to collect information on any pediatric death associated with influenza infection for the 2005-2006 influenza season. This includes not only death in a child less than 18 years of age resulting from a clinically compatible illness confirmed to be influenza by an appropriate laboratory or rapid diagnostic test, but also unexplained death with evidence of an infectious process in a child. Refer to http://www.michigan.gov/documents/fluletter_107562_7.pdf for the complete protocol. It is important to immediately call or fax info to MDCH to ensure that appropriate clinical specimens can be obtained.

Congregate Setting Outbreaks (as of March 9, 2006): MDCH has received one report of an influenza outbreak in an extended-care facility in Region 6 (western M); MDCH lab confirmation pending.

National: During week 8 (**February 19 – February 25, 2006**): influenza activity increased in the United States. The proportion of patient visits to sentinel providers for influenza-like illness (ILI) was above the national baseline. The proportion of deaths attributed to pneumonia and influenza was below the baseline level. Twenty-one states and New York City reported widespread influenza activity; 14 states reported regional influenza activity; 10 states and the District of Columbia reported local influenza activity; and 5 states and Puerto Rico reported sporadic influenza activity.

International: (WHO, March 8, 2006) A slight increase in influenza activity was observed since week 4 2006 in many countries of the northern hemisphere. However, overall activity remained medium to low during weeks 4–7.

MDCH reported **REGIONAL** activity to the CDC for this past week ending **3/4/2006**

End of Seasonal Report

Avian Influenza-Increased wild bird positives noted in Europe, no human cases reported to date in Europe. A stone marten in Germany and cats in Austria and Germany diagnosed with H5N1.

WHO Pandemic Phase: Human infection(s) with a new subtype, but no human-to-human spread.

PHASE 3

Table 1. H5N1 influenza-avian (Poultry outbreaks March 2):

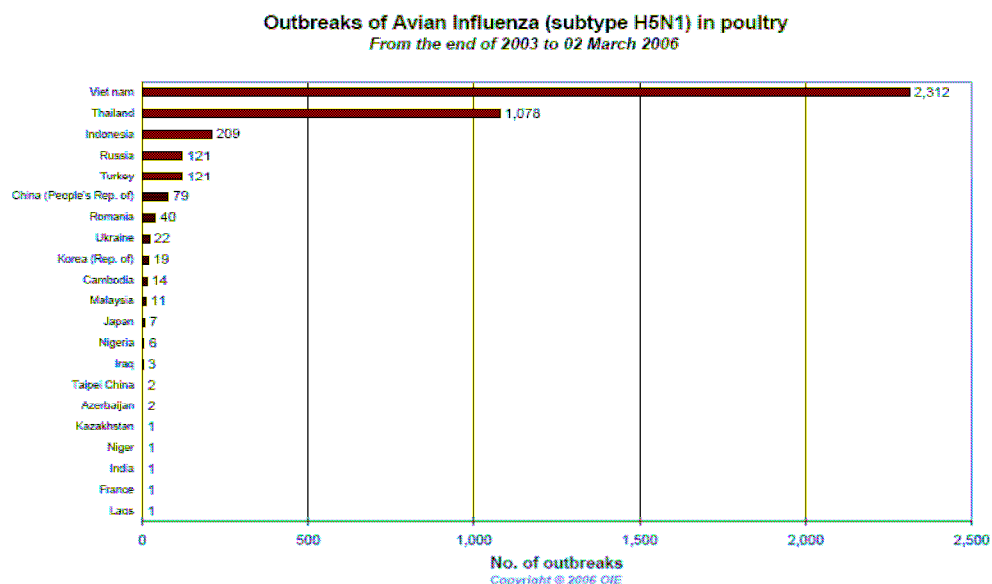


Table 2. H5N1 influenza-human: (March 8, 2006) (Source: Downloaded 3/9/06
http://www.who.int/csr/disease/avian_influenza/country/cases

Country	2003		2004		2005		2006		Total	
	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths
Cambodia	0	0	0	0	4	4	0	0	4	4
China	0	0	0	0	8	5	7	5	15	10
Indonesia	0	0	0	0	17	11	10	9	27	20
Iraq	0	0	0	0	0	0	2	2	2	2
Thailand	0	0	17	12	5	2	0	0	22	14
Turkey	0	0	0	0	0	0	12	4	12	4
Viet Nam	3	3	29	20	61	19	0	0	93	42
Total	3	3	46	32	95	41	31	20	175	96

Total number of cases includes number of deaths.
 WHO reports only laboratory-confirmed cases.